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CONFIRMATION NO. 8988

SERIAL NUMBER 10/661,977	FILING OR 371(c) DATE 09/11/2003 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 180/157/2/2
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**** CONTINUING DATA *******
 This appln claims benefit of 60/409,899 09/11/2002 and claims benefit of 60/415,591 10/02/2002 *sc*

**** FOREIGN APPLICATIONS *******
NONE *sc*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 12/15/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 15	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 5
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35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged *[Signature]* *sc*
 Examiner's Signature Initials

ADDRESS
 25297

TITLE
 Methods and compositions for blood pool identification, drug distribution quantification and drug release verification

FILING FEE RECEIVED 704	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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